

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012041

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Independence</b>		c. CITY OR TOWN <b>Independence</b>	
Length of stay in lb <b>2 Months</b>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Indep. Sanit. &amp; Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1732 So. Osage</b>	
3. NAME OF DECEASED (Type or print) <b>Lewis Huntsucker Sr.</b>		4. DATE OF DEATH Month <b>Mar</b> Day <b>24</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-8-1878</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	
13a. FATHER'S NAME <b>Thomas Huntsucker</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Bledsoe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Minnie Huntsucker</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Huntsucker</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>BRUCCO PERMANIA</b> DUE TO (b) <b>STASIS</b> DUE TO (c) <b>PROSTATIS HYPERTROPHY</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		11. BIRTHPLACE (City and state or country) <b>Sibley, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>3-23-63</b> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Jackson County, Missouri</b>		20g. STATE	
21. I attended the deceased from <b>3-7-63</b> to <b>3-23-63</b> and last saw her alive on <b>3-23-63</b> Death occurred at <b>1:00</b> A <b>10991 WINNER RD</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>George Carson MD</b>	
22b. ADDRESS <b>10991 WINNER RD</b>		22c. DATE SIGNED <b>3-25-63</b>	
23a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-26-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Six Mile Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jackson County, Missouri</b>	
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>3-25-63</b>	
26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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If this body is not embalmed, fact should be so stated above.